

ARIZONA NATUROPATHIC PHYSICIANS MEDICAL BOARD
ADDRESS CHANGE FORM

1400 W. Washington, Ste. 230 Phoenix, AZ 85007

32-1507. Change in status; assessment of costs Each person who holds a license or certificate pursuant to this chapter shall inform the board in writing, within thirty days, of any change in status of that person's initial application including any change of name, residence, practice address and telephone number and of each subsequent change of status. A licensee's or a certificate holder's residential address and residential telephone number or numbers are not available to the public unless they are the only address and numbers of record. The board may assess the costs incurred by the board in locating a person who is licensed or certified pursuant to this chapter to that person.

32-1508. Display of licenses and certificates A person who holds a license or certificate pursuant to this chapter shall display that document in a conspicuous place that is accessible to view by the public. A person who practices, conducts affairs or is employed at more than one location and who maintains a continuing activity as authorized by the license or certificate shall display a duplicate of that document issued by the board at each location.

NAME _____

License No. _____ Certificate No. _____

CHANGE OF ADDRESS:

Address _____
Ste # _____ City _____ State _____ Zip _____

Phone _____ FAX _____ EMAIL _____

Practice Name if applicable _____

This is my: Primary Location _____ Additional Location _____ Residence _____ Use as mailing address _____

Please remove my affiliation with the following location:

Address _____
Ste # _____ City _____ State _____ Zip _____

Phone _____ FAX _____

Practice Name if applicable: _____

Signature: _____ Date: _____

Please mail, email or fax this change of address form to: The AZ. Naturopathic Physicians Medical Board 1400 W. Washington, Ste. 230, Phoenix, AZ 85007
FAX; 602 542-3093 Email: Dee.doyle@aznd.gov

Office use:

Date Changed In System:

Revised 09/12/2013